

Fifty cases of appendicitis were examined. In most of these cases there was abscess-formation. The cultures were taken immediately from the abscess-cavity upon the opening of the abdomen. Where there was no abscess the culture was taken from the stump of the appendix. There were twenty-eight cases in which mixed cultures were obtained, twenty in which pure cultures were found, and two showed no growth. Of the entire number, twelve patients (24 per cent.) died.

The streptococcus occurred in fifteen, the aureus in one, and the colon bacillus in forty-six.

Of the twelve fatal cases, the cultures taken at the time of operation showed seven pure colons, in three streptococcus and colon, in one colon and undetermined bacteria, and in one no growth occurred.

The study of these cases brings out the fact that the absence of the streptococcus from cultures taken at the time of operation where there has been perforation is of negative result. That it may be an etiological factor is shown by three cases quoted, in which at the time of the primary operation no streptococci were found, but subsequently they were obtained, once at the autopsy and twice at secondary operations. It is probable that in the presence of the large number of colon and other bacteria usually present in such cases the streptococcus could not grow.

The results of bacteriological investigations of appendicitis are far from being satisfactory. The study of these cases simply emphasizes the fact that the presence of the streptococcus is usually attended with symptoms of the severest type. There is a great variability in the streptococci found here as well as in other inflammations. They may cause but slight disturbance, but are far more liable to result in general peritonitis or septicæmia. It must be borne in mind that in cases of perforation and abscess-formation the absence from cultures of pyogenic cocci is of negative value.

Thirty cases of otitis media showed twenty-four pure and six mixed infections. The conclusion to be drawn from the study of the cases is that the pyogenic cocci, especially the streptococcus, produce the severest forms of inflammation of the middle ear. While the pneumococcus may produce very severe inflammation and involve the brain or its coverings, still, in the absence of pneumonia or other complications, the case tends to recover readily.

In eighteen cases of empyema the streptococcus occurred eight times, the pneumococcus nine times, the staphylococcus aureus once.

Direct Intra-abdominal Finger-compression of the Common Iliac Artery during Amputation at the Hip-joint.—MCBURNEY (*Annals of Surgery*, May, 1897) describes a new method of compression to be employed in amputations at the hip-joint, which he has employed with very gratifying results in three cases.

It consists in an incision through the abdominal wall, such as he recommends in operating for the removal of the appendix, at a point about one and a half inches internal to the anterior superior spine of the ilium. Through this incision the index-finger of an assistant is passed, and readily reaches and compresses the common iliac artery.

The advantages are entire absence of blood-current beyond the point of

compression; the absence of bandages or other appliances from the operative field, making asepsis more easy, and that it can be applied to all cases even where the deeper tissues have to be removed.

Osteotomy of the Femur as a Treatment for Tuberculous Disease of the Hip in Early Stages.—TOBIN (*British Medical Journal*, April 24, 1897) summarizes his views of this subject as follows:

1. That no treatment better than rest, combined with constitutional remedies, is known for tuberculous disease of the hip.

2. That a large proportion of cases of this disease, especially those in which flexion has occurred, go on to suppuration, and that one of the chief causes is the difficulty of giving the joint rest.

3. That much of this difficulty lies in the fact that the position of greatest ease for the tuberculous hip-joint is one in which it is very awkward for the patient to carry the limb, very difficult for the surgeon to fix it, and therefore one in which the joint is constantly exposed to disturbance.

4. That it is possible, and in many cases advisable, to remove this difficulty by such an osteotomy of the femur as will allow the limb to be put straight, while the upper of the fragments retains "the natural position of rest."

5. That the operation sometimes does good by relieving tension in the bone.

6. That an osteotomy of the femur when done in this respect is not as formidable an undertaking as it is under ordinary circumstances, for it is not the division of the bone that is formidable in this operation, but the constrained position in splints and the long period of rest required for union. Now, since these latter incidents are a great gain for the tuberculous joint, they must be put to the credit of the operation, thus leaving very little to be entered on the debit side.

In commenting upon this article and the conclusions arrived at by the author, MARSH (*British Medical Journal*, May 8, 1897) says: In the first place Mr. Tobin holds that in early hip-disease the limb is flexed, abducted, and everted—the position of greatest ease—because the joint is distended with fluid. But is this the case? Large effusion in early tuberculous disease of those joints which are superficial enough to allow an investigation of this point—the hip, the knee, and the elbow—is seldom present, and I am not aware of any evidence to prove that the hip differs from other joints in this respect. The probability seems to be that the hip-joint, like other joints, is placed in the position of the greatest ease, not because it is distended with fluid, but in order that the swollen and sensitive soft structure may be placed as far as possible in a state of relaxation—one of the principal elements in physiological rest.

The joint does not necessarily contain fluid because it assumes the position in which most fluid would be accommodated.

The fact stated by Tobin that weight extension "does not act in the way it is represented as doing in the plates in hand-hooks of surgery," this author believes is not true, and that Tobin has missed the application of the weight, which should at first be applied in the line of the deformity, holding the limb in "the natural position of rest," and then gradually lowered to full extension as soon as the spasm of the muscles has been sufficiently overcome and the angle of flexion has been reduced.